THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.
December 1992

Prevention A Priority For Chilean Gays on World AIDS Day

Volunteers of the *Corporacion Chilena de Prevencion del SIDA* in Santiago reflected on previous successful efforts as they prepared for World AIDS Day 1992. For the past five years this organization - founded by and comprised mostly of gay men in Chile - has provided the stimulus and leadership to urge an effective response to the growing HIV/AIDS epidemic.

With a primary focus on HIV/AIDS prevention, "the corporation" has recently concluded an outreach project on Safer Sex education for gay men in Santiago. Full-time safer-sex educator Marcos Becerra organized 40 workshops in bars, discos and private homes. The workshops, modeled on the approach of Black and White Men Together in the U.S.A., have been attended by 600 men in Santiago. Professional evaluation is now in process and pending the outcome, Becerra expects the project to expand.

Last year, the corporation and a network of several other groups observed World AIDS Day with a parade which featured a fifteen-foot long condom and the message "use me" carried by six volunteers. The event drew the condemnation of Santiago's Roman Catholic Archbishop who called the exhibit a "scandal." For World AIDS Day 1992, a huge outdoor fair is being planned in one of the City's main parks. Each group will focus on one aspect of HIV/AIDS. The corporation will emphasize safer sex through use of condoms as a means of prevention. The return of the "great condom" will be included in an exhibit featuring an anatomically correct scarecrow wearing a condom and volunteers who distribute 5,000 condoms.

Richard Villarroel, President of Chilean Corporation for The Prevention of AIDS describes artwork by a person living with AIDS.

Among the other projects sponsored by the group, which include service to inmates with AIDS in a local prison and producing a local observance of the Annual International Candlelight Vigil for AIDS, one of its most valuable programs provides a spiritual emphasis. A nine-month weekly workshop for gay

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Alexandra M. Levine, M.D., On HIV in Chile

Editor's Note: In September, 1992, Alexandra M. Levine, M.D., who gave the HIV/AIDS update at General Conference XV in Phoenix, visited Chile to teach medical professionals about HIV/AIDS. Following her return, she graciously agreed to an interview with ALERT.

ALERT: How did this visit come about?

DR. LEVINE: The University of Southern California School of Medicine received a grant to work with the Chilean Ministry of Health, to recommend short and long-term goals related to their health care system. The first group of investigators from USC spent time in Chile and recommended that the two areas of emphasis should be emergency care and AIDS. I was therefore asked to serve as a consultant to the Ministry of Health in Chile related to their AIDS program.

ALERT: What are the demographics of HIV in Chile?

DR. LEVINE: The precise numbers of patients with AIDS are not really known; however, the Ministry of Health is aware of approximately 500 cases of full-blown AIDS. In my visits to numerous health care facilities within Santiago, I was informed of many cases which had not been reported to the government. I would assume that the actual number is far in excess of what is known.

The entire west coast of Chile is on the Pacific, and there is a large population of sailors and other such personnel. Considering the past experience in Southeast Asia, it would seem likely that these individuals in Chile might also be at risk of HIV through heterosexual contact. A fairly large population of gay men is also present in Santiago, and accounts for a significant number of the cases reported to date. Intravenous drug use is relatively uncommon in Chile, although there is some indication that this practice may be increasing in recent months.

Very few women are known to be infected at this time, but I believe that the true number is much higher. I saw

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Prevention A Priority

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men known as the *Group for Acceptance of Christian Homosexuals* (GACH) provides an opportunity for gays to confront previous religious rejection and oppression.

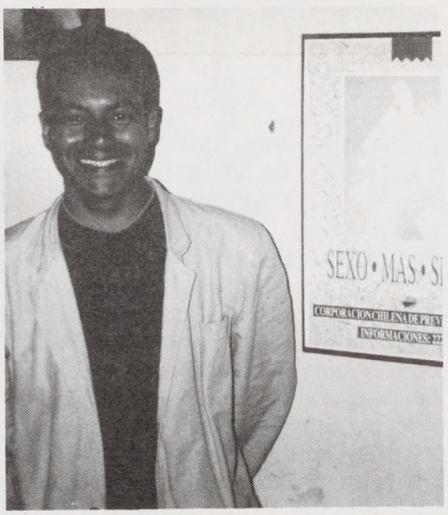
GACH leader Fernando Valenzuela explains, "Here in Chile you still feel ashamed for being gay. If a gay is able to love himself, he is more able to deal with AIDS." Valenzuela leads the group through a process he describes as "finding the face of Christ." With a place to gather and a friendly group structure, members reflect on their own experience, study important themes, and develop new motivations. The study process has been helped with literature from the Universal Fellowship of Metropolitan Community Churches on Homosexuality and the Bible.

Eduardo, one of the twenty-five gay men who participated in the process says, "Here, I found what I was looking for: a group that could talk about matters of the soul, a place with friends who love me."

YOUR HELP IS NEEDED:

One of the most significant challenges faced by this non-profit organization is the need for funds. If you would like to make a contribution or if you would like to contact this group, the address is:

Corporacion Chilena de Prevencion
Del SIDA
Casilla 85-3
Santiago, CHILE



Marcos Becerra directs Safer-Sex Education Program in Santiago, Chile.

REAL Pastors Don't Cry..."NOT!!"

By Rev. Christine Oscar

(reprinted with permission from "Oil of Gladness" newsletter)

You're the Pastor or the Doctor or the Deacon or the Health Care Professional and you're not supposed to cry. You have to be strong. You can't bend under the weight of your grief or the grief of others. Everyone is counting on you and no one is counting your personal loss totals until you crash under the weight of it all.

It never ceases to amaze me how resentful people can be when the grief of the professional causes them to show forth their humanness. We aren't supposed to grieve, hurt, cry, give into depression. We aren't supposed to give into our own feelings of frustration and helplessness. Instead, we are supposed to "set aside" all personal feelings, disappointments and pain and be the consumate professional that we are expected to be. We must "carry on" and carry others along with us. We are expected to be strong and stay strong for ourselves and others.

"Professionals" hurt also. Oftentimes the pain goes very deep. Oftentimes it is a "double load" of grief, personal and professional. Maybe some folks can keep a "professional distance", but some of us can't or don't.

Well meaning people often advise, order and to some degree, threaten me to keep a professional distance. I know that people are well meaning, but do they have a clue of how much pain they are adding to the load that is already so heavy? How do you keep a "distance" from someone who is asking you to travel their most intimate and final journey in this life? Would Jesus say, "Sorry, my board and my disciples have decided that it is not in my best interest to journey with you at this time since I have such a busy schedule and so many other commitments, but feel free to call me at a future date if you are still around and I'll see if I can squeeze you in for a brief time!"? Sacraligel No, we are not Jesus, but we are the hands and heart of Jesus here today! Even Jesus couldn't "do it all," but Jesus did what he could, and so must we.

Sacrificing the Sacred COW'S: Keeping a personal or professional "distance" is not always advisable. Distance has a way of calling COW'S into being for me - **C**oulda', **O**ughta', **W**oulda', **S**houlda'. I have far fewer COW'S to take care of following a death if I have followed my heart rather than the advice of others. If God leads, then I must follow.

Professionals often endure double duty pain. We feel the pain professionally. Did we do enough, did we do the right things, did we say the right things? We feel the pain personally too. When you help someone "get ready to die," you can't keep a distance. You have to get up close and personal. When you are the one to give final "permission," you are involved! Did I give it soon enough? or too soon? is the timing ever, just right?

And the pain becomes overwhelming. No matter how much time or care, no matter how much you personally remained vulnerable and available, it never feels like it's enough. Sometimes others are critical of us out of their own pain. We make great targets and are expected to stay afloat even when we get a direct hit. Several months ago, when a friend and congregant was dying, I took enough direct hits to sink a battleship. Some people were critical that I spent so much time with him even though he kept asking for me. Some people were critical that I left for a couple days to do a spiritual renewal and left him "alone" even though he was surrounded by friends and loved ones. But the "hit" that drove me to my knees came from a family member of his. I was exhausted physically and emotionally from work and hospital. I decided to go home and get some sleep. I approached the family member to say goodnight and ask if they needed anything more before I left. That person spun around and snapped: "Unless you have learned to heal the sick or raise the dead, you can leave. We don't need you!" I was absolutely thunderstruck. The other people present just looked sheepish and glanced away. I clinched my teeth to bite back an angry retort and quietly left. I sobbed all the way home. God knows I wish I could have brought him healing. God knows I was dreading his death and felt so helpless. Did this make me a failure? No, of course not! but reasoning it out was way beyond my energy level that night. I simply let the tears flow.

That night brought a lot of pain, but it also brought a lot of perspective. I couldn't do it all. I could never please all the people all the time. And sometimes I would fail my church. I would fail my patient, friends and family. I would fail myself and fail God. And failing didn't make me a failure. Failing led me to seek forgiveness and forgiveness led me to

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HIV in Chile (cont'd from page 1)

one young mother with recurrent cryptococcal meningitis. She was infected by a blood transfusion given during childbirth. I saw a young Chilean English teacher who acquired HIV in a sex shop in the United States. His wife was now infected as was his ten-month-old son. So I certainly did see HIV-infected women during my stay.

ALERT: What treatments for HIV/AIDS are available in Chile?

DR. LEVINE: Essentially, nothing is available as far as treatment is concerned. First, AZT is not available, unless the individual patient is wealthy enough to buy it personally from a source outside of Chile. Amphotericin is in very scarce supply, and again not available routinely. Gancyclovir for CMV is unheard of. Bactrim is available, but not pentamadine. When questioned, all physicians treating AIDS patients seemed to emphasize that the simple treatment of pulmonary tuberculosis was the single most important factor in prolonging survival in HIV-infected persons.

I believe that many potentially treatable diseases are under diagnosed. In a sense, there's no real difference anyway; the treatment is going to be the same: very little.

ALERT: With all this lack of treatment, how does HIV manifest itself?

DR. LEVINE: This was very sad for me to see. AIDS manifests there by late-stage, advanced multi-system disease. The diagnosis of AIDS wasting syndrome is exceptionally common, opposed to true wasting syndrome. CMV retinitis presents as blindness. Pneumocystis is a deadly illness, similar to the situation early in the epidemic in the U.S. They don't have data on average survival of AIDS patients, but it can't be very long.

ALERT: How was the attitude toward AIDS patients?

DR. LEVINE: The attitude was remarkably kind and even-handed. I was impressed with the kindness of all hospital personnel whom I met in the public sector. I was also impressed by the seeming lack of fear on the part of anyone that I really spoke to, including press and other lay people.

ALERT: What are the treatment conditions like for people with HIV?

DR. LEVINE: The conditions in the large public hospitals are extremely difficult for all patients, including those with HIV. I did not see any evidence that HIV-infected patients had more difficult circumstances than anyone else. They seemed to be integrated into the hospital and were kept with other patients in ten-bed wards, except in the presence of infectious diarrhea or pulmonary infection.

The conditions in the public hospitals are extremely poor with no real access to any of the newer technologies available in the U.S. Lab records or records of any kind were not available, and all lab slips, transfusion data, and hospital records were written in longhand with several carbon copies. The buildings are very old, and although clean, were overcrowded, noisy, and not conducive to peace and healing in any sense of the word. Despite these external factors, again, the nurses, doctors, and other personnel seemed exceedingly kind. There are also private "clinics" in Santiago, which cater to the wealthiest of citizens. These "clinics" are equipped with every modern technical tool, all of which appear to be well understood and used. The hospital rooms had the appearance of rooms one would rent in a luxury hotel, with mauve carpets on the floor and electric drape openers, in addition to couches, sitting chairs, TV, VCR, and huge closets.

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Rev. Oscar & St. Mary's MCC Honored for AIDS Work

Rev. Christine Oscar and St. Mary's MCC in Greensboro, NC, were recently presented the "Triad Health Project Founder's Award." The honor given "in recognition of extraordinary leadership in the fight against AIDS, in recognition of service to people living with HIV/AIDS and in recognition of an unparalleled role in acceptance of all people living with HIV/AIDS."

At the awards presentation, the following speech was made in presenting the award to Rev. Oscar and St. Mary's MCC:

"Before there was a Triad Health Project, there was a small group of people beginning to feel the effects of AIDS on their friends, and they were not just committed to doing something to help those friends, they were doing something. For most churches and synagogues, finding an appropriate response to AIDS was not easy. There were moral issues that many clergy - and their congregations - felt precluded them from addressing the topic. It was called - in the U.S. - a "gay disease," and some people didn't want to get into that.

"Tonight we honor a woman and her church for the role they have played since the early days of the epidemic. Since 1986, our next recipient has been actively involved in the care of people with AIDS. As a preacher, she has urged her congregation to become involved. As a minister, she has cared for the spiritual needs of those living and dying with HIV. As a counselor, she has provided emotional support to hundreds of people with HIV/AIDS and their caregivers. Her church opened its doors and provided Triad Health Project its first offices. In fact, she too, is one of the original founders of the Triad Health Project. Her church's PWA Fund continues to help keep persons with AIDS sheltered and clothed. She has taught caregivers how to grieve, and she has helped many who were dying depart in peace.

"For her undying devotion, her leadership, her mission, and her congregation's extraordinary example of service to people with HIV and AIDS, I am proud to present this Founder's award to the Reverend Christine Oscar and St. Mary's Metropolitan Community Church." ▼

Season's Greetings from the Staff of *ALERT*!

From left to right: Rev. Elder Don Eastman, D.J. Bowling, Rev. Steve Pieters, and Nancy Fackrell.

MCC Tucson Pastor Founds Interfaith AIDS Ministry

By Rev. Eduard E. Perry, Pastor MCC of Tucson, AZ

About ten years or so ago, while I was in Seattle, I answered a phone call from a young man who was so distraught he was incoherent - after I was able to calm him enough to speak plainly, he told me of an incident which had just happened in a hospital outside Seattle.

His lover was dying and wanted communion before he left for the place of ultimate healing. The young man found the chaplain and told him of the need for communion.

In due course, the chaplain arrived at the room, gave the dying man the Eucharist and then as he turned to leave, and within hearing of the patient, said to the partner, "Well, I have done as you asked, but it won't do any good. He is going to hell anyway."

I believe the caller felt the same anger I was experiencing, but would not tell me the name of the hospital or identify the chaplain. I really don't know what I would have done had I found out.

That night, as I was still dealing with my anger, I heard - or felt - God say, "WHAT ARE YOU GOING TO DO ABOUT IT?"

It was clear - I needed to first of all call on every chaplain in every hospital in Seattle and find out their feelings on ministering to persons with AIDS. I called on them in person, and I found all of them supportive and willing to minister in a non-judgmental, non-condemning way. This was the first phase.

Phase 2 - I contacted many ministers in the area, and asked if they would be willing to minister to PWA's with a religious background matching their own. Some said they could not - but the majority said they would.

Phase 3 was enlisting the help of local AIDS service groups, nurses, doctors, health care givers, etc., who would be willing to call MCC telling us of people who wished a pastor's visit.

Thus, AIDS Spiritual Aid was born. Our membership was made up of clergy and lay ministers who were "willing to walk hand in hand with the patient wherever his/her faith walk would lead."

Tucson is not perceived as being in the 'mainstream of the world,' and though we may be perceived as a land of 'cowboys', we are very progressive. We have people coming from California to take advantage of the excellent medical treatment and care available here. HIV-positive veterans come from far and wide for treatment at the Veteran's Administration Medical Center in Tucson. MCC Tucson may be a small church by some people's standards, but we have had a big AIDS ministry here in Southern Arizona! ▼

Real Pastors Don't Cry..."NOT!"

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the throne of grace. And it was there that the spirit recalled the words of Marsha Stevens' song, "For Those Tears I Died." I gained perspective, strength, understanding, and I gained love for myself and others.

I realized that there would always be people who would be critical. For some, I would never do enough, I would always be too involved, I would be "weak" if I cried or I would be strong because I learned to weep with those who weep. Regardless of anyone's opinion, God's opinion is what I value most. It is at that throne of grace where I will one day see clearly, and know in my heart that only God knows what a **Real Pastor** or **Real Professional** is and how we did with the work assigned to us by God. ▼

HIV in Chile (cont'd from page 3)

ALERT: What did you teach?

DR. LEVINE: The most important function of my visit was to educate, and that function was accomplished by meetings with the Chilean Ministers of Health, the Sub-Ministers, the Dean of the Medical School, the Head of the National Retrovirology Lab, the Head of the only multidisciplinary outpatient AIDS clinic, and many others. Through the press, I tried to teach the public at large about how HIV was and was not transmitted, in addition to reviewing the existing program and learning the facts about AIDS in Chile.

ALERT: What did you learn from all this?

DR. LEVINE: I learned how lucky we are in the U.S., despite all the difficulties related to this AIDS epidemic over the last decade. I learned that we have the "luxury" of being able to help people with HIV infection in a very significant way by prolonging quality and quanity of life. I learned how frustrating it would be to function as a physician treating HIV without access to any of the advances which have been made.

On a governmental or programmatic basis, I saw certain similarities between the experience in the U.S. at the onset of the epidemic and the current situation in Chile right now. We began with small grass roots organizations, which were built around non-professional volunteers, and whose mission could be accomplished to some extent because the numbers of clients were relatively small. These organizations had to change and grow dramatically, both on local and national levels, and Chile is right now at the moment where this changeover is beginning.

I also learned that a very significant problem facing the country in regards to AIDS is an unwillingness of the Catholic Church to allow widespread sex education or AIDS education in the schools. There seems to be a reluctance to educate, and without such education, and without emphasis on change in behaviors, the epidemic is likely to become much more devastating, especially in a country which simply can't afford the medical care which will be required. Obtaining condoms does not seem to be extremely difficult, but the Ministry of Health or others have not been allowed to discuss condoms or advertise their value. I also learned to appreciate the Chilean people, and I made some good friends!

ALERT: How can the UFMCC help in Chile?

DR. LEVINE: Your church could be helping to organize support groups for HIV-infected persons in Santiago. These seem to be entirely lacking at the present time. The church could be working which church members in the U.S. and elsewhere to attempt to acquire certain medications, such as AZT. The church could also lobby to keep HIV in the minds of governmental officials to assure whatever funding might be possible. ▼

ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is Rev. Dr. A. Stephen Pieters. For more information, or to send a donation, please write or call: ALERT, c/o UFMCC, 5300 Santa Monica Blvd. Suite 304, Los Angeles, CA 90029; (213) 464-5100.